

ATLANTA POLICE DEPARTMENT
Special Enforcement Section
Confidential Source Funds Disbursement

Complaint or
Reference # _____

Controlling Officer's Name _____ APD ID # _____ Unit _____

Funds Requested _____ Investigative Advance Flash Roll

Intended Purpose _____

Signature _____ Date _____

If not on pre-approved list, request approved by _____ APD ID # _____
Print Name of Supervisor _____

Signature _____ Date _____

Funds approved by _____ Confidential Fund Custodian _____ Date _____

Funds received by _____ Supervisor/ Investigator _____ Date _____

Expenditure funds of \$ _____ documented in supplements dated _____

or other documentation
attached

Unexpended Funds

I am returning \$ _____ to the Confidential Fund.
funds of _____

Controlling Officer's
Signature _____ Date _____

Custodian's
Signature _____ Date _____